V. S. No. 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152

County Registrar No. 65

Local Registrar No. ____

PLACE OF BIRTH

1. County of Gila

District of ____

Town of ____

or City of Miami No. 64 Davis Canyon St. ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonio Tapian { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male | To be answered ONLY in event of plural births. | 4. Twin, triplet or other ____ 5. No., in order of birth ____ | 6. Legitimate? Yes | 7. Date of birth Jan-17-1924 (Month day year)

8. FATHER	14. MOTHER
Full name Jesus Tapian	Full maiden name Louisa Olivas
9. Residence (Usual place of abode) Miami Ariz. If nonresident, give place and state	15. Residence (Usual place of abode) Miami Ariz. If nonresident, give place and state
10. Color or race Mexican 11. Age at last birthday 40 (Years)	16. Color or race Mexican 17. Age at last birthday 32 (Years)
12. Birthplace (city or place) Mexico (State or country)	18. Birthplace (city or place) El Paso (State or country) Texas
13. Occupation Nature of industry Carpenter	19. Occupation Nature of industry House wife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 8
(b) Born alive but now dead 3
(c) Stillborn None

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 6:20 a.m. on the date above stated.
(Born alive or ~~stillborn~~.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature C. L. Sotel M.D. (Physician or midwife)

Address Miami Ariz.

Given name added from a supplemental report ____ Month, day, year.

Filed Jan 31, 1924 C. E. Irvine Local Registrar.

Registrar.

Filed 2/5, 1924 B. G. Fox County Registrar.

125 - 117 - 362